

# STATE OF WEST VIRGINIA

**\*\*Please note that out-of-state firms ☐  
must provide a Certificate of Good ☐  
Standing or Certificate of Existence ☐  
from their home state's Secretary of ☐  
State's office.**

**SECRETARY OF STATE  
BLDG. 1 SUITE 157K  
1900 KANAWHA BLVD. EAST  
CHARLESTON WV 25305**

## **FIRM APPLICATION FOR PRIVATE INVESTIGATION LICENSE**

1. Firm name \_\_\_\_\_
2. Firm address \_\_\_\_\_
3. Firm mailing address \_\_\_\_\_
4. Firm phone number \_\_\_\_\_
5. Name of individual whose qualifications are presented to meet the experience/educational requirements of West Virginia Code, §30-18-2 \_\_\_\_\_
6. Date of Charter or Certificate of Authority to do business in West Virginia \_\_\_\_\_
7. If foreign corporation give address of place of original charter and home office \_\_\_\_\_  
\_\_\_\_\_
8. Name of President \_\_\_\_\_ Signature \_\_\_\_\_  
Address \_\_\_\_\_
9. Name of Vice-President \_\_\_\_\_ Signature \_\_\_\_\_  
Address \_\_\_\_\_
10. Name of Secretary \_\_\_\_\_ Signature \_\_\_\_\_  
Address \_\_\_\_\_
11. Name of Treasurer \_\_\_\_\_ Signature \_\_\_\_\_  
Address \_\_\_\_\_
12. Name of addresses of other officers:  
\_\_\_\_\_  
Signature \_\_\_\_\_  
\_\_\_\_\_  
Signature \_\_\_\_\_
13. The above named officers are required to fill out in full the accompanying application forms and submit them with the application. This application is invalid unless accompanied by the individual applications duly acknowledged as prescribed by law.
14. Number of operatives employed. A list of the names, addresses, birthdates and social security numbers of all employees of the firm must be attached to the application. \_\_\_\_\_

I hereby certify that all answers and statements given herein are true and correct without reservation of any kind. I further certify that I understand I am fully responsible for supervising any employee or other individual who conducts the private investigation business under the authority of the above application for a firm license (W V Code, §30-18-4). It is understood that all facts contained in this application are open to thorough investigation.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Qualifying Applicant

**FIRM NAME** \_\_\_\_\_ **FIRM ADDRESS** \_\_\_\_\_

**LIST OF CURRENT EMPLOYEES WORKING IN THE STATE OF WEST VIRGINIA**

**\*\*Please note on this form if list is to be attached.**

\*\*\*\*\*

NAME	ADDRESS	BIRTHDATE	SOC. SEC. #

\_\_\_\_ I hereby certify that a background check has been completed on each of the above referenced employees and that these files are maintained in our offices.

\_\_\_\_\_  
Signature Title Date

\_\_\_\_ I hereby certify that full fingerprint cards and full face photographs have been received for the above referenced employees and are kept on file in our offices.

\_\_\_\_\_  
Signature Title Date

\_\_\_\_ I currently have no employees working in the State of West Virginia.

\_\_\_\_\_  
Signature Title Date

**CHANGES MUST BE SUBMITTED TO THE SECRETARY OF STATE'S OFFICE WITHIN 60 DAYS**

## CERTIFICATION OF CHILD SUPPORT OBLIGATIONS FORM

\*\*\*\*PLEASE COMPLETE AND RETURN WITH YOUR APPLICATION\*\*\*\*  
(Please print or type)

1. **Applicant's Name:** Last: \_\_\_\_\_  
First: \_\_\_\_\_  
Middle: \_\_\_\_\_
2. **Applicant's Address:** Street: \_\_\_\_\_  
City: \_\_\_\_\_  
County: \_\_\_\_\_  
State/Zip: \_\_\_\_\_
3. **Telephone:** \_\_\_\_\_
4. **Social Security Number:** \_\_\_\_\_
5. **If a firm please complete the following information:**
- Firm Name: \_\_\_\_\_
- Firm Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Firm Telephone: \_\_\_\_\_

Pursuant to WV Code §48A-5A-5(c) each applicant for license must answer the following questions and certify, under penalty of false swearing, that these answers are true and correct.

**Please answer yes or no to the following questions:**

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| 1. Do you have a child support obligation?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. If the answer to question 1, above, is yes, are you in arrearage?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. If the answer to question 2, above, is yes, does your arrearage equal or exceed the amount of child support payable for six (6) months? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Are you the subject of a child support related subpoena or warrant?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

I, \_\_\_\_\_ do hereby certify, under penalties of perjury and false swearing, that the above information is true and correct to the best of my knowledge. I understand that if I make a false statement concerning any question on this application, I may be subject to disciplinary action including, but not limited to, immediate revocation or suspension of my private investigator and/or security guard license.

\_\_\_\_\_  
Signature of Applicant